


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

| | |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # V58397 1. Entity Name KING AND BROTHER'S OF MIAMI, INC. |  |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business 454 N.W. 22ND AVE. SUITE 206 MIAMI, FL 33125 | Mailing Address 454 N.W. 22ND AVE. SUITE 206 MIAMI, FL 33125 |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|



04232005 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0359696 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|-----------------------------------------------------------|------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|------------------------------------------|

DO NOT WRITE IN THIS SPACE

| |
|--------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent REY, MARIA C., 650 W 44 PLACE HIALEAH, FL 33012 |
|--------------------------------------------------------------------------------------------------------------|

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------|
| TITLE | PD |
| NAME | REY, MANUEL G. |
| STREET ADDRESS | 650 W 44 PLACE |
| CITY-ST-ZIP | HIALEAH, FL |
| TITLE | PD |
| NAME | REY, MARIA C. |
| STREET ADDRESS | 650 WEST 44 PLACE |
| CITY-ST-ZIP | HIALEAH, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

000000333585
04/27/05-80011-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____